

Board & Care Home Checklist

Carry this checklist with you when you visit board and care homes (simply print out one checklist per home you plan to review). The checklist is designed to help you know what to look for and to remember what you saw. Use the back of the checklist to write down any additional comments. After visiting the facilities use the checklists to compare one provider with another.

Name of Board & Care Home: _____

Owner/Manager: _____

Address: _____

Phone: _____ **Website or E-Mail :** _____

Who is Served?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the board and care home provide the level of assistance you require, given your medical condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there medical conditions the facility will not accept? If yes, what are these conditions? _____ |

Services

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Can staff assist with personal care needs such as bathing and toileting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they provide guidance and assistance with grooming and dress? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they help residents exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are medication reminders given? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are health monitoring services, such as blood pressure or weight monitoring provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can special diets be taken into consideration when meals are prepared? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are snacks available between meal times? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can meals be delivered to residents' rooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are hot foods served hot? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is assistance available at meal times, for those who need it? |

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there 24-hour access by telephone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are visiting hours restricted in any way? |

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At**

www.GetCare.com

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Staff

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do there appear to be an adequate number of staff?
What is the staff-to-resident ratio? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the staff know the residents by name? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility require criminal record checks for employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff members trained in emergency procedures? |

Physical Environment

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there handrails in the hallways and grab bars in the bathrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the hallways, dining room, bathrooms and other areas convenient for wheelchairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there private areas for visits with family, friends or physicians? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there areas for activities or social events? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there outdoor areas that are accessible for residents to use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an automatic fire alarm system and sprinklers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the exits clearly marked and unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an adequate security system? |

Credentials

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have a current operating license from the state? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the administrator have an up-to-date state license? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have Medicaid certification, if available in your state? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the facility provide a list of references? |
- How many years has the facility been in operation? _____

Cost

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an entrance fee? If yes, what is it? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will this fee be refunded in the event that you have to leave the facility? |

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is a written fee schedule provided?
Approximately, what would the basic monthly or daily rate be for you?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know what the basic monthly or daily rate does and doesn't include?
Includes: _____
Doesn't include: _____ |

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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the basic monthly rate be raised annually? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a cap on how much the rate can be raised? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you understand what would happen in the event that you should run out of money ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know what you will be charged for add-ons such as cable, telephone, newspaper delivery? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents or their guardians notified, in writing, of any changes in the fees? |

Overall Quality

Rate the board and care home in the following areas on a scale from one to ten, with ten being a perfect score:

- | | |
|--|----------------------|
| Is the facility clean and well-maintained? | 1 2 3 4 5 6 7 8 9 10 |
| Are meals served attractively and are they tasty? | 1 2 3 4 5 6 7 8 9 10 |
| Are the bedrooms pleasant, with room for personal items? | 1 2 3 4 5 6 7 8 9 10 |
| Does the staff respond quickly to residents' calls for assistance? | 1 2 3 4 5 6 7 8 9 10 |
| Is the facility homey and comfortable? | 1 2 3 4 5 6 7 8 9 10 |
| Do staff and residents seem happy? | 1 2 3 4 5 6 7 8 9 10 |
| Is the facility convenient for family and/or friends to visit? | 1 2 3 4 5 6 7 8 9 10 |

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